



HAWAII STATE ETHICS COMMISSION
1001 BISHOP STREET, PACIFIC TOWER 970
P.O. BOX 616, HONOLULU, HAWAII 96809
TEL.: 587-0460 FAX: 587-0470

RECEIVED

03 JAN 29 1990

1/24/90

STATE OF HAWAII
STATE ETHICS COMMISSION

LOBBYIST REGISTRATION FORM

(See back of this form for instructions)
(Type or Print Clearly)

PART I LOBBYIST

NAME (Last)	(First)	(Middle)	TELEPHONE
Lyons	Tim	L.	537-4308
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
677 Ala Moana Blvd., Ste 815	Honolulu	HI	96813
EMPLOYING ORGANIZATION (Fill in only if you are employed by a business entity which has been retained to lobby)	TELEPHONE		
TLC - The Legislative Center, Inc.	537-4308		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
Same as above			

PART II ORGANIZATION

NAME OF ORGANIZATION YOU LOBBY FOR (Do not abbreviate)	TELEPHONE		
Subcontractors Association of Hawaii	537-4308		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
677 Ala Moana Blvd., Ste 815	Honolulu	HI	96813
NAME OF PERSON RESPONSIBLE FOR PREPARING ORGANIZATION'S EXPENDITURES STATEMENT	TELEPHONE		
Tim Lyons	537-4308		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
677 Ala Moana Blvd., Ste 815	Honolulu	HI	96813

PART III DESCRIPTION OF SUBJECTS UPON WHICH YOU EXPECT TO LOBBY

- | | | | |
|---|--|--|--|
| <input type="checkbox"/> Agriculture | <input type="checkbox"/> Education | <input type="checkbox"/> Human Services | <input checked="" type="checkbox"/> Science, Technology & Economic Development |
| <input type="checkbox"/> Communications & Public Utilities | <input type="checkbox"/> Government Operations & Finance | <input checked="" type="checkbox"/> Intergovernmental Relations, International Affairs | <input checked="" type="checkbox"/> Tourism & Recreation |
| <input checked="" type="checkbox"/> Consumer Protection & Commerce | <input type="checkbox"/> Hawaiian Affairs | <input checked="" type="checkbox"/> Labor & Employment | <input checked="" type="checkbox"/> Transportation |
| <input checked="" type="checkbox"/> Culture, Arts, Historic Preservation | <input checked="" type="checkbox"/> Health | <input checked="" type="checkbox"/> Planning, Land & Water Use Management | <input type="checkbox"/> Other: (indicate below) |
| <input checked="" type="checkbox"/> Ecology, Energy, Environmental Protection | <input checked="" type="checkbox"/> Housing | <input type="checkbox"/> Public Safety & Corrections | |

PART IV CERTIFICATION OF LOBBYIST

I hereby certify that the information furnished above is, to the best of my knowledge, correct and complete.

(Signature of Lobbyist)

(Date)

PART V AUTHORIZATION TO LOBBY

NAME	TITLE OF AUTHORIZING OFFICER OR PERSON REPRESENTED		
Tim L. Lyons	President		
NAME OF ORGANIZATION (if applicable)	TELEPHONE		
Subcontractors Association of Hawaii	537-4308		
MAILING ADDRESS (Street)	(City)	(State)	(Zip Code)
677 Ala Moana Blvd., Ste 815	Honolulu	HI	96813
I hereby authorize the above-named person to engage in lobbying activities on behalf of the undersigned.			
(Signature of Authorizing Officer or Person Represented)		(Date)	